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| IBM CORPORATION, INTELLECTUAL PROPE DEPT 917, BLDG. 006-1 3605 HIGHWAY 52 NORTH ROCHESTER, MN 55901-7829                                      |   |  | Stat  | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |  |  |  |
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| 2/07/2007 FMETEKI2 000  | 00025 090465 097  | 081FEB 0 6 2007  | الع   |   |  | (Signature)  |  |
| 1 FC:1501 1400.0  | O DA  | THE CONTRACTOR   | §/  |   |  | (Date)   |  |
| 2 FO:1504<br>APPLICATION NO.  | FILING DATE   | TRADEMIN   | FIRST NAMED INVENTOR  | A   | TTORNEY DOCKET NO.   | CONFIRMATION NO.   |  |
| 09/770,811  | 09/770,811 01/26/2001  TITLE OF INVENTION: METHOD AND SYSTEM FOR DETERMINI  |  | Gordon James Smith  |   | ROC920000266US1  | 8259   |  |
| APPLN. TYPE   | SMALL ENTITY  | ISSUE FEE DUE  | PUBLICATION FEE DUE   | PREV. PAID ISSUE F  | EE TOTAL SESAN DU  |  |  |
| nonprovisional  | NO  |  | L   |   |  |  |  |
| ·   |   | \$1400   | \$300   | <b>S</b> 0  | \$1700   | 02/16/2007   |  |
| EXAM  | EXAMINER  |  | CLASS-SUBCLASS  |   |  |  |  |
|   | DIXON, THOMAS A 3628  |  |   |   |  |  |  |
| CFK 1.303).   | Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).      Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. |  |   | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  LLP   |  |  |  |
| Address form PTO/SE   | 3/122) attached.  |  | (2) the name of a singl   | e firm (having as a m   | ember a 2  | LLP.   |  |
| PTO/SB/47; Rev 03-0<br>Number is required.  | 2 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.                                     |  |   | registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  |  |  |  |
| 3. ASSIGNEE NAME A  | ND RESIDENCE DATA   | TO BE PRINTED ON   | THE PATENT (print or type   | c)  |  |  |  |
| PLEASE NOTE: Uni<br>recordation as set forti  | ess an assignee is identi<br>n in 37 CFR 3.11. Comp   | ified below, no assignee pletion of this form is NO  | data will appear on the part a substitute for filing an   | itent. If an assignee   | is identified below, the d   | locument has been filed for  |  |
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|   |   | categories (will not be pr   | inted on the patent):   | Individual XX Corpo   | oration or other private gr  | oup entity Government  |  |
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| a. Applicant claims   | SMALL ENTITY statu  | 1 800vc)<br>s. Sec 37 CFR 1.27   | ☐ b. Applicant is no long   | er claiming SMALL   | ENITITY status Cas 22 C  | ED 1.27/-\/2\  |  |
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| Authorized Signature  | James   | 19/  |   |   | ember 18, 200  |  |  |
| Typed or printed name   |   |  |   | Registration No.  | 42,937   |  |  |
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